

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Public Safety  
Prison

SECTION: Care and Treatment of  
Offender  
POLICY # TX I-1

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SUBJECT: Sick Call

EFFECTIVE DATE: July 2014  
SUPERCEDES DATE: July 2012

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## References:

Related ACA Standards

4<sup>th</sup> Edition Standards for Adult Correctional  
Institutions 4-4346

## PURPOSE

To insure every offender has access to sick call.

## POLICY

Healthcare will be accessible to all offenders through the sick call process, offender declared emergencies and/or telephone triage on a 24-hour, 7-day basis. Every offender will be informed on how to access care through this process. Sick call shall be conducted by licensed nurse accordance with their scope of practice as specified by the N.C. Nurse Practice Act.

### I. SICK CALL SCHEDULE

#### A. Sick call clinic

Sick call clinics will be scheduled during times offenders are not at work.

Facilities will conduct a nurse and physician or physician extender (provider) sick call clinics according to the following schedule:

1. In prisons with up to two-hundred offenders, a minimum of once a week;
2. In prisons above two-hundred, but not more than five- hundred offenders, a minimum of twice a week;
3. In prisons with over five-hundred offenders, a minimum of three times a week.

#### B. Sick Call Request

1. If an offender reports to sick call more than two (2) times in two (2) weeks with the same complaint that has not been evaluated by a physician or physician extender, a referral will be made to the provider. Upon the completion of two courses of nurse protocol standing orders then the offender should be referred to a physician or physician extender for a third sick call complaint.
2. To promote continuity of care, if an offender has submitted a sick call request but is transferred, the receiving facility will be informed of the sick call request.

### II. SICK CALL BY APPOINTMENT

#### A. Appointment Schedule

Non-urgent, non-emergency medical requests that do not indicate a need for evaluation by a provider and can be effectively addressed by the nursing staff will be managed by appointment. Appointments will be scheduled to avoid conflict with offender work schedules or program assignments. There may be exceptions requiring offenders to be held in to attend sick call.

The following procedure will facilitate Sick Call by Appointment:

1. DC-602, Sick Call Request forms will be placed where they are readily available to the offender population, i.e., Sergeant's Office, Dormitory Office, etc.
2. The offender will complete the top section of DC-602, Sick Call Request form to include name, number, dormitory, work assignment, and date. The offender will describe his/her complaint or request in the space

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provided and sign the form. All unsigned request forms will be returned for signature.

3. The offender will place the completed Sick Call Request form in a locked box. The offender should then continue his/her regular assignment until their appointment time. The location of the locked box(es) will be determined by the Nurse Manager in conjunction with facility head/designee.
4. Keys to the locked boxes) will be controlled by the medical staff. Non-medical staff will not have access to the contents of the locked boxes).
5. A member of the healthcare staff will collect the sick call requests. Sick call requests must be reviewed and triaged by the Registered Nurse (RN).
  - a. Facilities operating 24 hours/7 days a week, must have sick call requests reviewed and triaged daily.
  - b. Facilities that do not have daily medical coverage will conduct sick call reviews and triage on a day when a nurse is present at the facility.All facilities should have this process clearly outlined in their SOP's (Standard Operating Procedures).
6. Sick call appointment schedules and information/instructions will be submitted to the OIC for posting on offender bulletin boards in the dormitories. The Sergeant's Office and the Program Office will also receive daily copies of the appointment schedule. Mental Health appointments and other confidential information will not be listed. The Sick Call Schedule will be kept on file for 3 months at the Facility.
7. It is the responsibility of each offender to check the posted schedules for the appointment time and other pertinent information. Custody staff will inform those offenders in segregation, or otherwise not having access to posted schedules, of their appointment.
8. It is the offender's responsibility to report to the Nurse's Office on the day and time of the appointment. Failure to appear within 15 minutes past the scheduled appointment time will constitute a no-show for sick call and all records of the request will be filed. If an offender wishes to be seen in the future for the same complaint, it will be necessary to complete another Sick Call Request Form (DC602).
8. Access to sick call will not be denied, but will be done by appointment unless urgent or emergency situations exist. Emergency is defined as threat to life and/or limb. Emergencies will be seen as they occur.
9. If an offender declares an emergency, the nurse on duty will evaluate and if it is deemed to be an emergency then the offender will be assessed and documentation will be noted in the health care record, the offender will be told to submit a sick call request. Refer to sick call co-pay policy for additional information.
10. The procedure to access sick call will be included in the facility's written offender orientation to health care.
11. Any offender with a disability covered under the American Disability Act, needing assistance in requesting or accessing sick call should contact correctional staff for assistance.

### **III. TRIAGE AND RECORDING OF TREATMENT**

#### **A. Triage Documentation**

1. Triage note shall include the date received, the nurse name, title, date, and time of triage and disposition.
2. The nurse shall ensure that each offender's visit to sick call is recorded in his/her out offender health record. Documentation will be on the DC-602, Sick Call Request/Disposition form under "Action Taken." Documentation will include the date, time, complaint, treatment prescribed (if any), and legible signature and discipline of the clinician. Assessment will be in SOAP format.

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3. The original DC602 will be filed in Section VI, Out offender Health Record under the physician order sheet at the time of encounter.

## IV. TRIAGE AND RECORDING OF TREATMENT FOR THE ELECTRONIC HEALTH RECORD

### A. Triage Documentation in EHR

1. Triage note shall include the date triaged, time, the nurse name, the disposition shall be checked and the name of the nurse who scheduled the sick call will be recorded. The appointment will be scheduled in the electronic health record and the appointment priority indicated.
2. The assessment and plan will be recorded in the health record. The LPN will indicate in the note any consult with the RN or provider where applicable.

## V. SICK CALL IN SEGREGATION

### A. Sick Call Procedure in Segregation

1. If an offender's custody status precludes attendance at sick call, arrangements must be made to provide sick call services at the place of the offender's detention. In order to address sick call requests, the facility will establish schedule to provide routine sick call twice a week. (Refer to Policy A-5-Offenders in Segregation.)
2. The DC-141 Daily Report of Segregated Offender / Electronic Rounds Tablet is a custody log on which custody should note that the nurse visited for sick call, medication administration, etc.
3. Medical care provided at the cell will be documented in the health care record as soon as possible.

## VI. TRANSFERS PRIOR TO ATTENDING SICK CALL

### A. Transfer before sick call (paper chart)

1. If an offender is to be transferred prior to attending sick call and medical is aware:
  - a. the sending facility will place the sick call request form (DC602) in the medical record,
  - b. the sending facility notes on the Transfer Form DC 387A that a sick call request has been submitted and needs to be scheduled
  - c. the sending facility informs the offender to follow-up his request to sick call at the next facility.
2. If the offender has been transferred to another facility prior to attending the requested sick call, and medical was unaware of the transfer, the facility is to fax or mail the sick call request form (DC 602) to the facility where the offender was transferred.

## II. TRANSFERS PRIOR TO ATTENDING SICK CALL PROCEDURE FOR ELECTRONIC HEALTH RECORD

### A. Pended Appointment

1. If an offender is to be transferred prior to attending sick call the pended appointment will appear on the exit summary.
2. Upon arrival at the receiving facility, the nurse will review the exit summary and reconcile any outstanding appointments.

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6/10/2014

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Paula Y. Smith, M.D., Chief of Health Services      Date

SOR: Director of Nursing

**Addendum:**

[Form DC 602 sick call request](#)

[Form DC 387A Transfer](#)

Form DC 141 Daily Report of Segregated Offender / Electronic Rounds Tablet